

REMARKS

Claims 17 and 18 have been elected, without traverse, for examination in this application. The non-elected claims 3, 4, 7, 12-16 and 19-28 are being retained in this application, unexamined, pending allowance of a generic or linking claim.

Acceptance of the formal drawings received on 6/19/2006 is noted with appreciation.

Claim 17 has been rejected under 35 U.S.C. § 102(e) as being anticipated by Carpenter et al '020. This rejection is respectfully traversed with respect to this claim as amended herein.

Specifically, this claim now recites “a support channel for a cardiac lead that is disposed on the suction attachment and that includes coaxial mating segments each having a longitudinal slot extending between distal and proximal ends thereof for selective configuration as a closed channel for confining a cardiac lead therein or as a channel open longitudinally between proximal and distal ends thereof for releasing a cardiac lead laterally therefrom.”

These aspects of the claimed invention facilitate opening the support channel along a side as an alternative configuration relative to a closed configuration of the support channel. These aspects of the claimed invention are not disclosed or even suggested by the cited reference which merely operates with an open or closed

distal end. Carpenter et al ‘020 offers no disclosure of the ‘support’ channel 1 being configurable in a manner as claimed by Applicants. Certainly, the ‘support’ channel 1 as analyzed by the Examiner may accept a cardiac lead (e.g. as a surgical device) down through the internal bore of such ‘support’ channel. But such cardiac lead or other surgical device would also have to be withdrawn through the bore (or the channel removed away from such cardiac lead within the bore). There is thus no disclosure and no suggestion or even any motivation in this reference for opening other than the distal end of the channel. It is therefore respectfully submitted that amended claim 17 is not anticipated by, but instead is now patenably distinguishable over, the cited art.

Claim 18 has been rejected under 35 U.S.C. § 103(a) as being unpatentable over Carpenter et al ‘020. This rejection is respectfully traversed with respect to this claim as amended herein.

This dependent claim is further limited over allowable claim 17 and is submitted to be allowable for that reason and for in additional reason of “a cardiac lead connected to an electrode disposed near a surface of the suction attachment to contact the heart, the cardiac lead extending along the support channel in the closed configuration to the proximal end thereof for connecting the electrode to a utilization circuit and being releasable laterally from the support channel through the longitudinal slot formed therein in the open configuration.”

These aspects of the claimed invention obviate a requirement to detach the cardiac lead from the heart or from a connected utilization circuit in order to remove the support channel that positions the cardiac lead in contact with the heart. By configuring the claimed support channels with a longitudinal slot in an open configuration as claimed by Applicants, a cardiac lead may be conveniently released from within the support channel without detaching either a distal end of the cardiac lead from the heart, or disconnecting the proximal end from a connected utilization circuit.

These aspects of the claimed invention are not disclosed or even suggested by Carpenter et al '020 which merely opens or closes a distal end of the body 1. Surgical devices 49 (or even a cardiac lead) must be inserted and removed from within the bore of the body 1 through its proximal end during surgical procedures performed through the bore of the body 1 in a configuration of an open distal end. While Carpenter et al '020 may be suitable for surgical procedures utilizing surgical devices 49 inserted and removed through the proximal end of the body 1, this reference is entirely deficient of any disclosure of the body 1 being configurable to form a longitudinal slot between proximal and distal ends through which a surgical device 49 (i.e., a cardiac lead) may be laterally removed away from the body 1. And this reference cannot support an analysis of such functionality without impermissibly and significantly altering the purpose or

operation of the reference. Thus, Carpenter et al ‘020 fails to establish even a *prima facie* basis, including all claimed elements, from which a proper determination of obviousness can be formed. It is therefore respectfully submitted that dependent 18 as amended is now patentably distinguishable over the cited art. Favorable reconsideration is solicited.

The Examiner is requested to contact the undersigned attorney regarding any remaining issues that may expedite favorable disposition of this application.

Respectfully submitted,  
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